

FIG. 1

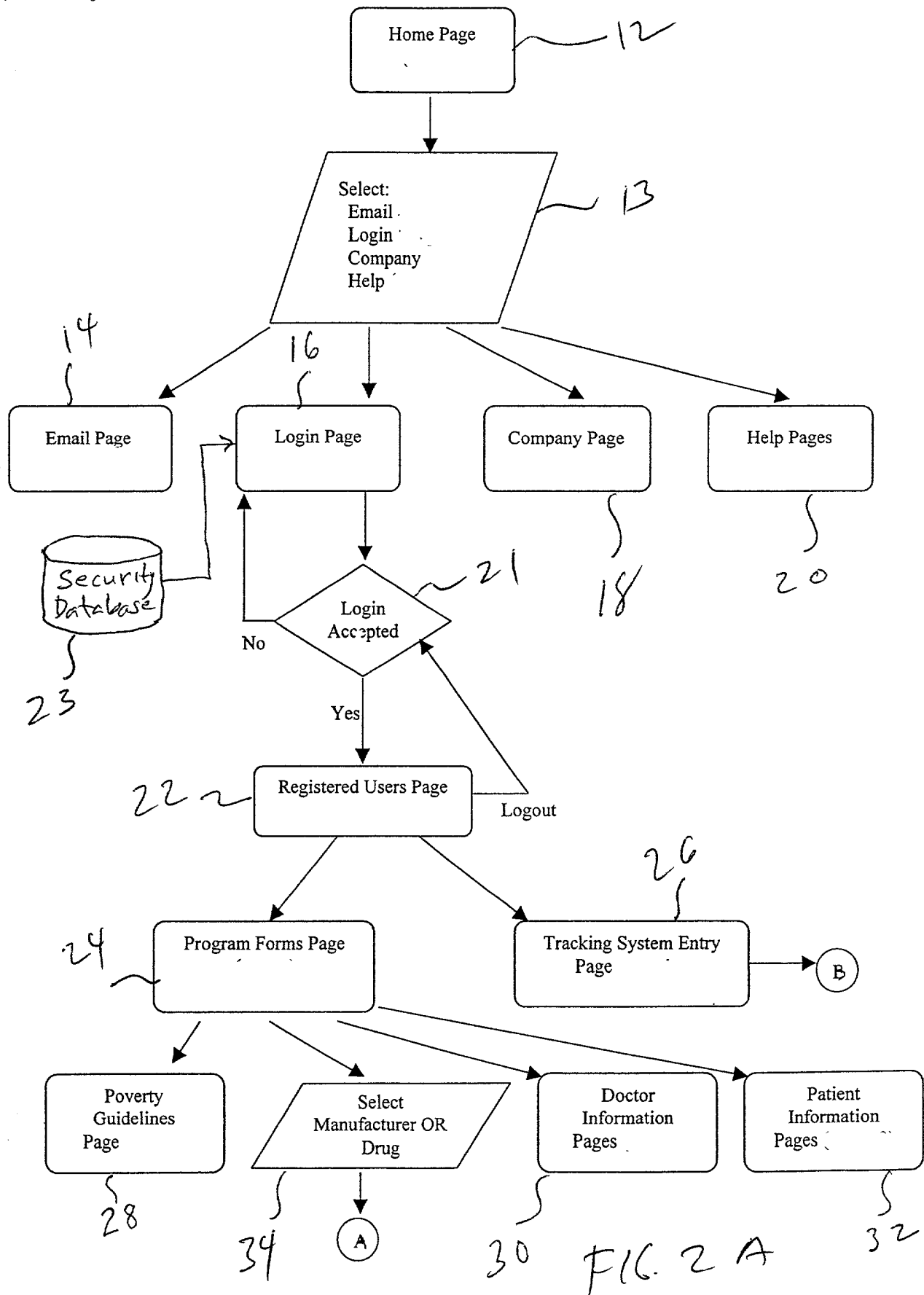


FIG. 2 A

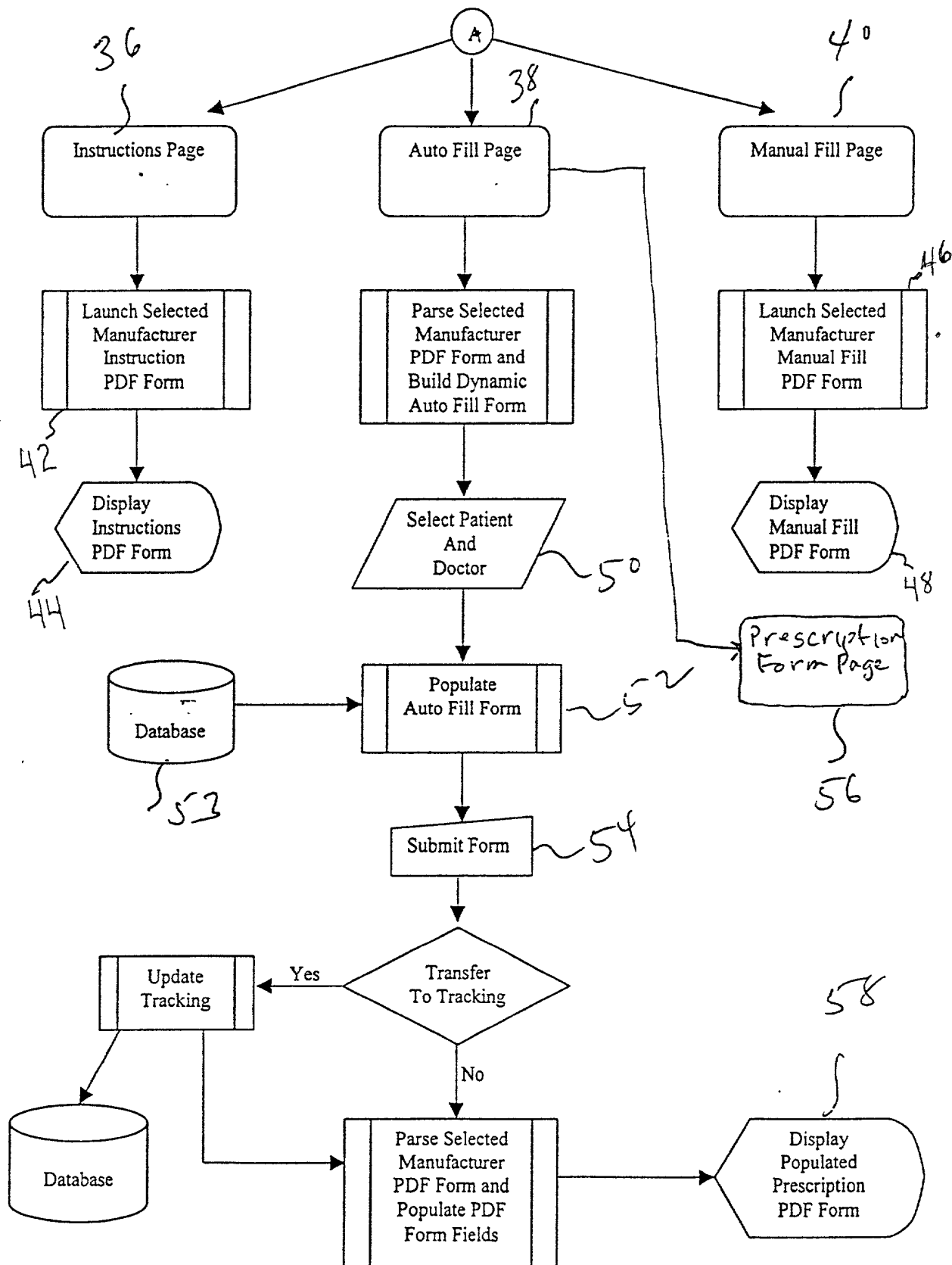


FIG. 2B

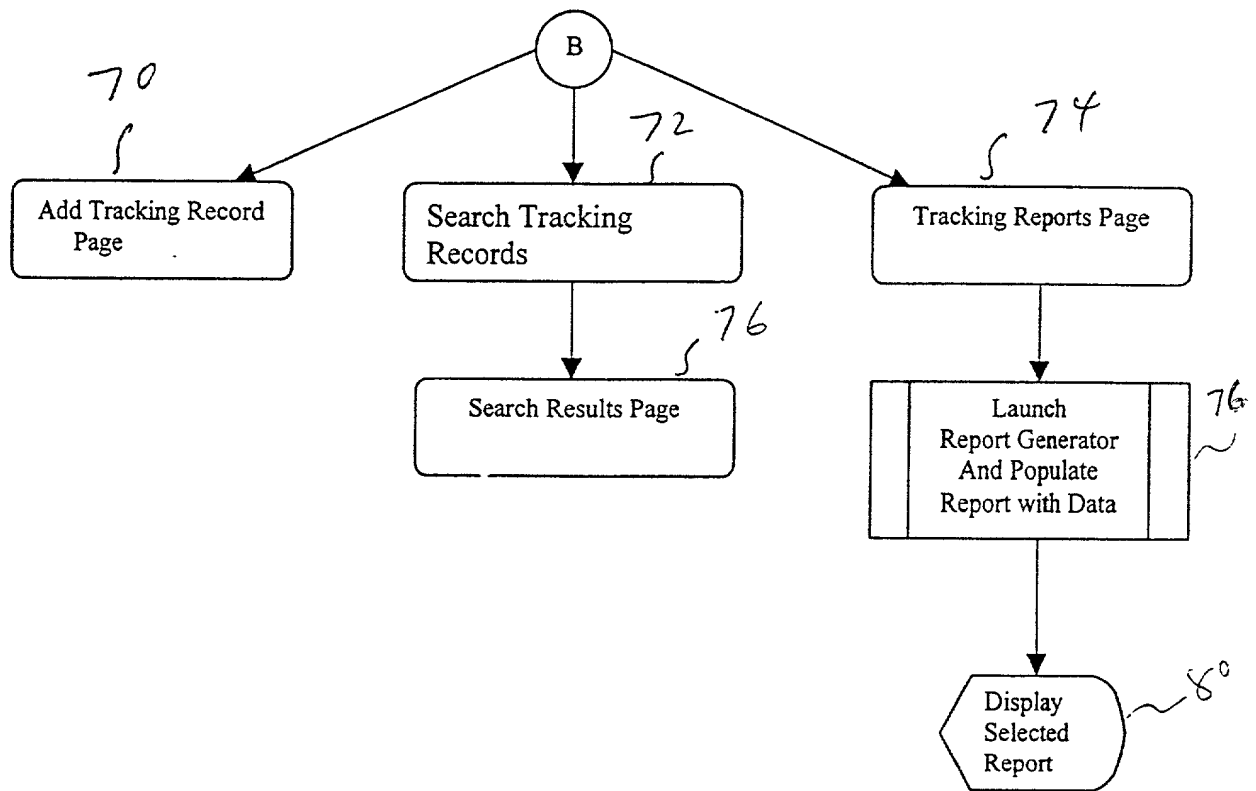
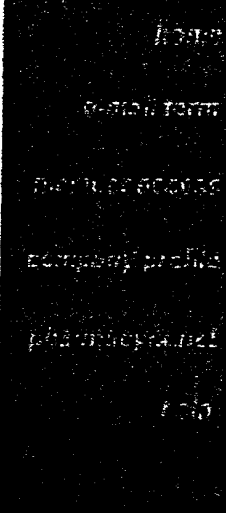
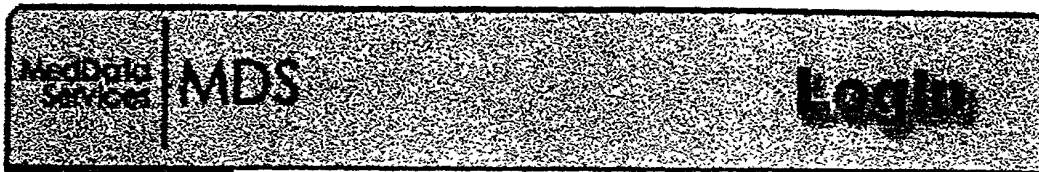


FIG. 2C



E-Mail:

Password:

Please enter your e-mail address and password to login to the system.

F16.3



Registered User Menu

Welcome Terry Schwarz

Thank you for visiting the MedData Services Manufacture Database

Prescription Assistance Program Forms

Prescription Assistance Program Tracking System

F16.4



Help using Account and Reader

Search Manufacturer and Drug Database

*** NOTICE ***

Account Report: Version 4.10 is required to edit manufacturers being added. You may download it from the site.

**Search
Manufacturers**

3M PHARMACEUTICALS
A. H. ROBINSON - AMERICAN HOME PRODUCTS
ABBOTT LABORATORIES-PAIN ASSISTANCE
ABBOTT LABORATORIES-NORMIX
ABBOTT LABS-PHARMACEUTICAL PRODUCTS

**Search Drugs
for Manufacturer**

3MOP
ABELSET
ACCOLATE
ACQUFEL
ACQUANE

F16.5



Help using MDS Reader

Search Manufacturer and Drug Database

NOTICE

Read the Readme file and the help file before using the program. The help file is located in the same directory as the program.

Search
Manufacturers

Search Drugs
for Manufacturer

ABBOTT LABORATORIES BAXX ASSISTANCE	1	AMOP	1
ABBOTT LABORATORIES NORMA	1	ABELCET	1
ABBOTT LABS PHARMACEUTICAL PRODUCTS	1	ACCULATE	1
ADAMS LAB	1	ACCUFEL	1
		ACCUFANE	1

Forms

APPLICATION

FIG. 6

Back | Reset | Refresh

Drug Manufacturer Search
(Enter Drug Name or Manufacturer name)

3M PHARMACEUTICALS	800-328-0255	WWW.MMM.COM/MARKET/HEALTHCARE	NORGESIC FORTE	ECOM
3M PHARMACEUTICALS	800-328-0255	WWW.MMM.COM/MARKET/HEALTHCARE	THECLAIR TABLETS	ECOM
3M PHARMACEUTICALS	800-328-0255	WWW.MMM.COM/MARKET/HEALTHCARE	TAMBOCOR	ECOM
3M PHARMACEUTICALS	800-328-0255	WWW.MMM.COM/MARKET/HEALTHCARE	ADU-CAP	ECOM
3M PHARMACEUTICALS	800-328-0255	WWW.MMM.COM/MARKET/HEALTHCARE	NORFLEX	ECOM
3M PHARMACEUTICALS	800-328-0255	WWW.MMM.COM/MARKET/HEALTHCARE	MINITRAN PATCHES	ECOM
3M PHARMACEUTICALS	800-328-0255	WWW.MMM.COM/MARKET/HEALTHCARE	METROGEL VAGINAL	ECOM
3M PHARMACEUTICALS	800-328-0255	WWW.MMM.COM/MARKET/HEALTHCARE	MAXAIR INHALER	ECOM
3M PHARMACEUTICALS	800-328-0255	WWW.MMM.COM/MARKET/HEALTHCARE	MAXAIR AUTOHALER	ECOM
3M PHARMACEUTICALS	800-328-0255	WWW.MMM.COM/MARKET/HEALTHCARE	DISALCID	ECOM
3M PHARMACEUTICALS	800-328-0255	WWW.MMM.COM/MARKET/HEALTHCARE	ADU-TAB	ECOM
3M PHARMACEUTICALS	800-328-0255	WWW.MMM.COM/MARKET/HEALTHCARE	THECLAIR SP	ECOM
A. H. ROBBINS - AMERICAN HOME PRODUCTS	800-568-9938	WWW.OLABS.WYETH.COM	MYTENSIN	ECOM
A. H. ROBBINS - AMERICAN HOME PRODUCTS	800-568-9938	WWW.OLABS.WYETH.COM	INDERAL	ECOM
A. H. ROBBINS - AMERICAN HOME PRODUCTS	800-568-9938	WWW.OLABS.WYETH.COM	DOMLAZYME	ECOM
A. H. ROBBINS - AMERICAN HOME PRODUCTS	800-568-9938	WWW.OLABS.WYETH.COM	DMETAPP	ECOM
A. H. ROBBINS - AMERICAN HOME PRODUCTS	800-568-9938	WWW.OLABS.WYETH.COM	CYCLOSPASMOL	ECOM
A. H. ROBBINS - AMERICAN HOME PRODUCTS	800-568-9938	WWW.OLABS.WYETH.COM	CORCARONE	ECOM

FIG. 7

Prescription Assistance Program Tracking System

Add Patient

Edit Patient

Create Reports

End Tracking

FIG. 9

0920791-03401
T0360 T6402860

Add Patient Information

* Clinic Name:	My Clinic	User:	DATATEK
* Patient ID:		(* means required field)	
* First Name:	M		
* Last Name:			
* Application Date:	(01/01/2000)		
* Doctors Name:			
Conf. Letter Date:	(01/01/2000)		
Special Instructions:			
RX Date:	(01/01/2000)		
RX #:		Refill #	
* Drug Name:		Strength:	(mg) Qty
		Days Supply:	
Directions:		Value:	
		Expiration Date:	
		Renewal Date:	
* Manufacturer:			

FIG. 10

09220791.052401

0980791.03403

Search by Patient Id			
Patient Id			
Start Date	(01/01/2000)	End Date	(01/01/2000)
<input type="button" value="Search"/>	<input type="button" value="Print"/>		

Search by Patient Name			
Last	First	M	
Start Date	(01/01/2000)	End Date	(01/01/2000)
<input type="button" value="Search"/>	<input type="button" value="Print"/>		

FIG. 11

Edit Patient Information

Client Name:	MY CLINIC 1		
Patient ID:	1234		
First Name:	TERRY F		
Last Name:	SCHWARZ		
Application Date:	2/14/00		
Doctors name:	RONALD R. FOST		
Conf. Letter Date:			
Special Instructions:			
RX Date:	2/15/00	(01/01/2000)	
RX #	123456		
Drug Name:	ASPRIN	Refill #	123456
		Strength	10 mg Qty 60
Directions:		Days Supply	30
		Value:	15.00
		Expiration Date:	

FIG. 12

Generate a Totals Report For all Clinics

Enter Beginning Date:	March	15	2000
Enter Ending Date:	March	15	2000
<input type="button" value="View Report"/>			

F-16. 13

Generate a Totals Report For a Specific Patient

Enter Beginning Date:	March	15	2000
Enter Ending Date:	March	15	2000
Enter Patient ID:			
<input type="button" value="View Report"/>			

F-16. 14

09820791.033401